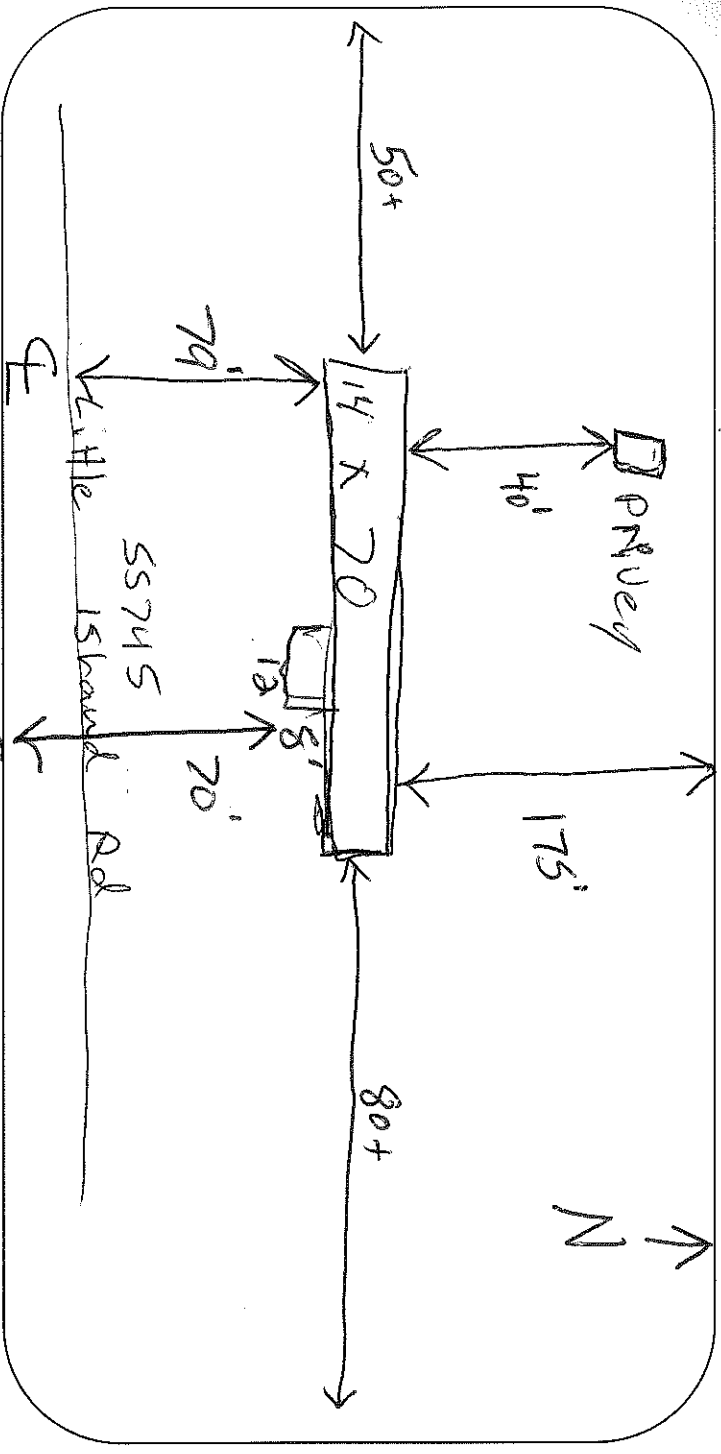


Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake, (*) River, (*) Stream/Creek, or (*) Pond
(7) Show any (*): (*) Wetlands, or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	50+ Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	173 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	50+ Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50+ Feet	20% Slope Area on property	NA No
Setback from the East Lot Line	30+ Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	NA Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	40 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0106		Permit Date: 6-9-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: Mr. Furtak	Zoning District (R-1)		Date of Re-Inspection:		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: Mr. Furtak	Lakes Classification (NA)		Date of Re-Inspection:		
Inspection Record: Well staked. Meets all setbacks.							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
No water under pressure in structure. No plumbing fixtures in structure.							
Signature of Inspector: Michael Furtak				Date of Approval: 6-9-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:
Date:

Amount Paid:

14-017
6-11-14
\$105 59.14

Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: David & Michelle Paulus Mailing Address: 5747 S. Pine St City/State/Zip: Bude, WI 54820 Telephone: 372-4457

Address of Property: 55622 Island Dr. City/State/Zip: Barnes, WI 54873 Cell Phone: 218-348-1174

Contractor: Self Contractor Phone: N/A Plumber: N/A Written Authorization Attached ☒ Yes ☒ No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: N/A Agent Mailing Address (include City/State/Zip): N/A

PROJECT LOCATION: SE 1/4, NE 1/4 Gov't Lot: 5 Lot(s) 5 CSM .820/137 Vol & Page 137 Lot(s) No. 137 Block(s) No. 137 Subdivision: Blackhearts Recorded Document: (i.e. Property Ownership) Volume 820 Page(s) 137

Section 18, Township 45 N, Range 09 W, Township of: Barnes Lot Size 362' x 170' Acreage 1.015

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes—continue → Distance Structure is from Shoreline: 214 feet ☐ Is Property in Floodplain Zone? ☐ Yes ☒ No ☐ Are Wetlands Present? ☐ Yes ☒ No

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$ 12,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary (Pit) or Vaulted (min 200 gallon)</u> <input type="checkbox"/> Privy (Pit) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <u>None</u>

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>Garage</u>	<u>(28 x 40)</u>	<u>1120</u>
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>with Loft</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> with a Porch	<u>with (2nd) Deck</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> with a Deck	<u>with Attached Garage</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Addition/Alteration (specify) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Accessory Building (specify) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Special Use: (explain) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Conditional Use: (explain) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Other: (explain) <u> </u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>

Rec'd for issuance
JUN 11 2014
Municipal Use
Secretarial Staff

Rec'd for issuance
MAY 15 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I, the undersigned, hereby certify that the information provided on this application is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David & Michelle Paulus Date 4-8-14

Authorized Agent: Self Date 4-8-14

Rec'd for issuance
JUN 04 2014
Address to send permit 5747 S. Pine St Bude, WI 54820
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

IS THIS AN ATF? OR SECOND GARAGE? LOOKS LIKE THERE IS ALREADY A STRUCTURE THERE

Proposed Construction

Show Location of:

(1) Show / Indicate:
North (N) on Plot Plan

(2) **Frontage Road** (Name Frontage Road)

(3) **Driveway and (*)**

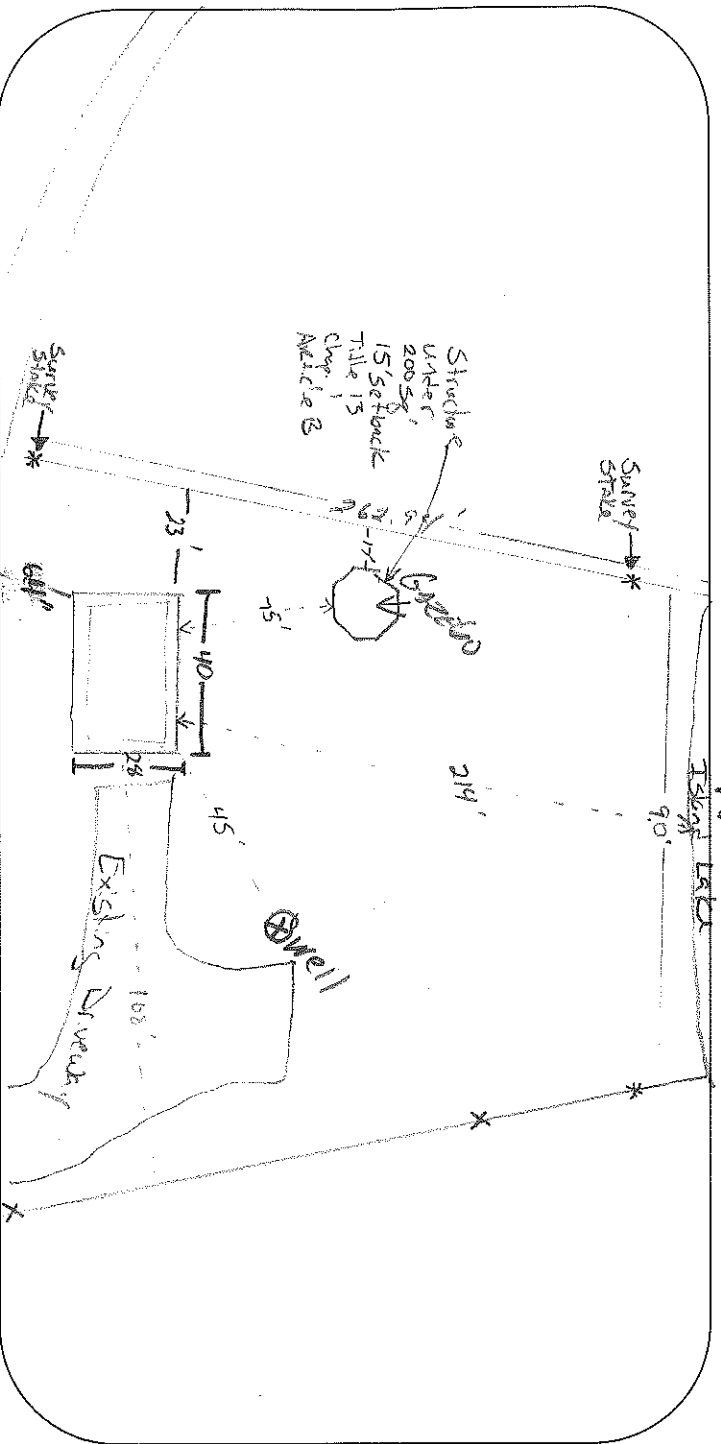
(4) **All Existing Structures on your Property**

(5) **Well (WV); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**

(6) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**

(7) **Wetlands; or (*) Slopes over 20%**

N



40325
to
W

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	64 Feet		Setback from the Lake (ordinary high-water mark)	214 Feet
Setback from the Established Right-of-Way	✓ Feet		Setback from the River, Stream, Creek	N/A- Feet
			Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	214 Feet			
Setback from the South Lot Line	65 Feet		Setback from Wetland	N/A Feet
Setback from the West Lot Line	23 Feet		Setback from 20% Slope Area	Feet
Setback from the East Lot Line	158 Feet		Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet		Setback to Well	47 Feet
Setback to Drain Field	N/A Feet			
Setback to Privy (Portable, Composting)	N/A Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-017		Permit Date: 6-11-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
Inspection Record: Well Staked. Meets all setbacks. Foot of record.		Zoning District (R-1) Lakes Classification (2)	Date of Re-Inspection:	
Date of Inspection: 5-13-14	Inspected by: M. Fuchs			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) No water under pressure in structure. May not be used for human habitation.				
Signature of Inspector: Michael Fuchs		Date of Approval: 5-14-14		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> Privacy	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

or CTC MA.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
JUN 11 2014

ENTERED Permit #:

14-0905

Date:

6-12-14

Amount Paid:

\$75 6-12-14

Refund:

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Richard Lockrane</u>	Mailing Address: <u>215 Meadowland Place</u>	City/State/Zip: <u>Wadena's Heights, MN</u>	Telephone: <u>55927</u>
Address of Property: <u>3305 Bay Lake Rd</u>	City/State/Zip: <u>Barnes WI 54873</u>		Cell Phone: <u>486-7635</u>
Contractor: <u>scif</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>E 238' 1/4 of FW 388'</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-004-2-44-09-04-305-007-07000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>919</u> Page(s) <u>719</u>
Gov't Lot <u>7</u>	Lot(s) _____	CSM _____	Vol & Page _____
Section <u>4</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size _____	Acreage <u>7.696</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: <u>290</u> feet		

Value at Time of Completion * include donated time & material <u>\$ 15,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conu</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>50'</u>	Width: <u>24'</u>	Height: <u>16'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Addition/Alteration (specify) _____		(<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u>		(<input type="checkbox"/> 12 X 50)	<u>600</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>lean-to</u>		(<input type="checkbox"/> 12 X 50)	<u>600</u>
<input type="checkbox"/> Special Use: (explain) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X)	

Rec'd for Issuance

JUN 12 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
The undersigned hereby certifies that the information provided on this application has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable information for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-10-14

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

same as above

Attach

Copy of Tax Statement

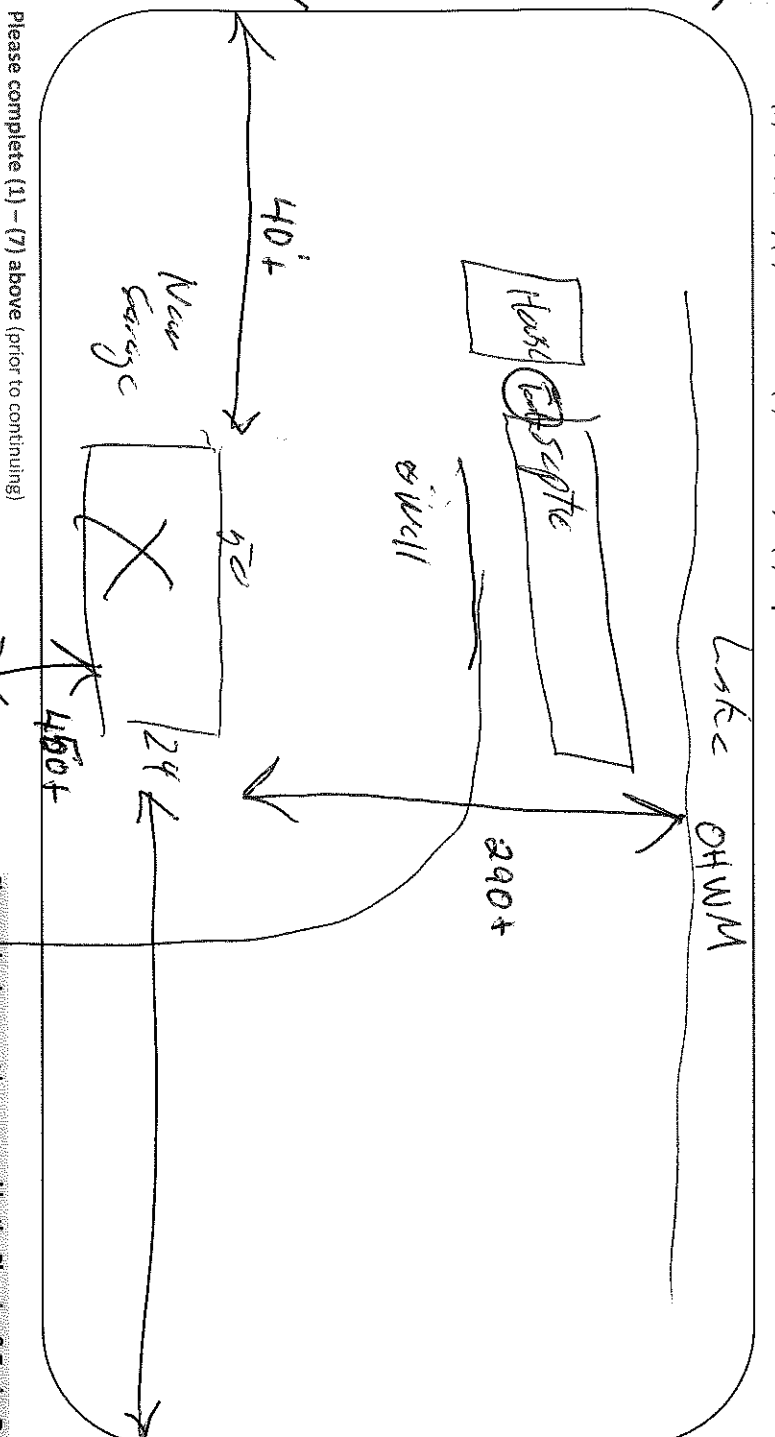
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(2) Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):
(4) Show:
All Existing Structures on your Property
(5) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):
(*) Wetlands; or (*) Slopes over 20%

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	450 Feet	Setback from the Lake (ordinary high-water mark)	290 Feet
Setback from the Established Right-of-Way	430+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line Town Rd	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line Lake	140 Feet	Setback from Wetland	140+ Feet
Setback from the West Lot Line	140+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	40+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	150+ Feet	Setback to Well	50+ Feet
Setback to Drain Field	150+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0185		Permit Date: 6-12-14		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (Used/contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Well staked. Meets all setback codes. May not be used for human habitation. No water under pressure in structure.		Zoning District: R-1,2,3 Lakes Classification: (1)		
Date of Inspection: 6-10-14		Inspected by: M. Futala		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: Michael Futala				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		Date of Approval: 6-11-14